

**Property & Liability Filing Summary**

**Take care to assure that all items are included with your filing.  
Incomplete filings will be returned without review.**

Name of specific insurer submitting this filing: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

**Filing Summary (form FIS 0700)****submission date**

**Please enter this date on each  
attachment to this filing**

MM / DD / YY

NAIC Company Number

**1. This is a filing of:** *(select only one)*

- ☐ Rates and/or Rules (no forms) —————> Complete and attach form FIS 0705 Property & Liability Rate/Rule Data Sheet
- ☐ Forms ONLY —————> Complete and attach form FIS 0701 Policy Form Data Sheet
- ☐ Rules, Rates AND Forms —————> Complete and attach BOTH of the above forms (FIS 0705 and FIS 0701)

**2. Line of Insurance this filing pertains to:** *(select only one)*

- |                         |   |   |  |
|-------------------------|---|---|--|
| <b>SAFETY INSURANCE</b> | <input type="checkbox"/> Automobile subject to Chapter 21 | <input type="checkbox"/> Umbrella   | <input type="checkbox"/> Inland Marine                         |
|                         | <input type="checkbox"/> Other Automobile                 | <input type="checkbox"/> Mobile Homeowners  | <input type="checkbox"/> Title                                 |
|                         | <input type="checkbox"/> Homeowners subject to Chapter 21 | <input type="checkbox"/> Motorcycle   | <input type="checkbox"/> Other Personal Lines <i>(specify)</i> |
|                         | <input type="checkbox"/> Other Homeowners                 | <input type="checkbox"/> Credit (GAP, Involuntary Unemployment,<br>Mortgage Guaranty, Property, etc.) |  |
|                         | <input type="checkbox"/> Dwelling Fire                    |   |  |
- 
- |                         |  |   |  |
|-------------------------|--|---|--|
| <b>COMMERCIAL LINES</b> | <input type="checkbox"/> Automobile                | <input type="checkbox"/> Crime                        | <input type="checkbox"/> Contractual Liability                   |
|                         | <input type="checkbox"/> Businessowners            | <input type="checkbox"/> Fidelity/Surety              | <input type="checkbox"/> Multiple Lines                          |
|                         | <input type="checkbox"/> Farm                      | <input type="checkbox"/> Crop/Hail                    | <input type="checkbox"/> Workers Compensation                    |
|                         | <input type="checkbox"/> Inland Marine             | <input type="checkbox"/> General Liability            | <input type="checkbox"/> Title                                   |
|                         | <input type="checkbox"/> Boiler and Machinery      | <input type="checkbox"/> Medical Malpractice          | <input type="checkbox"/> Other Commercial Lines <i>(specify)</i> |
|                         | <input type="checkbox"/> Property/Fire             | <input type="checkbox"/> Other Professional Liability |  |
|                         | <input type="checkbox"/> Umbrella/Excess Liability | <input type="checkbox"/> Liquor Liability             |  |

**3. Filing Checklist**

*Use this list to assemble all of the documents required to constitute a proper filing. Please avoid unnecessary delays by including each applicable item.*

*As you prepare your filing, check each applicable box as you include the item. INCOMPLETE FILINGS WILL BE RETURNED WITHOUT REVIEW.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> An original filing letter for EACH company   | <input type="checkbox"/> Form FIS 0705 Property & Liability<br>Rate/Rule Data Sheet <i>(only if filing includes<br/>rules/rates) If yes:</i> | <input type="checkbox"/> Form FIS 0701 Policy Form Data<br>Sheet <i>(only if filing includes policy<br/>forms) If yes:</i> |
| <input type="checkbox"/> A duplicate (return copy) of the filing letter   | <input type="checkbox"/> Enclose sample revised or final printed<br>manual pages   | <input type="checkbox"/> Enclose sample or final printed forms   |
| <input type="checkbox"/> A self addressed envelope with sufficient postage to<br>return duplicate filing letter                     | <input type="checkbox"/> Assure that company name and page<br>number appears on each manual page   | <input type="checkbox"/> Assure that company name and a<br>unique identifying number appears on<br>each form               |
| <input type="checkbox"/> A Filing Memorandum that identifies each<br>rule/rate/form change by rule number and manual<br>page number |  |  |

***If final printed forms and/or manual pages are not enclosed, they must be  
submitted to us within 90 days or approval will be withdrawn.***

**4. Certification**

I certify that to the best of my knowledge and belief, this filing fully conforms to the laws of the State of Michigan. This filing contains no provisions previously disapproved (or called to the attention of said insurer for correction or revision) by the Office of Financial & Insurance Services (or its predecessor, the Michigan Insurance Bureau), except as specifically noted within the cover letter.

Signature of Authorized Representative	Date signed	Authorized Representative name and title <i>(typed or printed)</i>
Authorized Representative EMail address		Authorized Representative phone number

PA 218 of 1956 requires submission of this form with Michigan rate, rule and policy form filings. Filings submitted without this form will be returned without review.

Send completed filing package to:  
Office of Financial & Insurance Services  
PO Box 30220  
Lansing MI 48909-7720

Our web address is: <http://cis.state.mi.us/ofis>  
Our toll free phone number is 1-877-999-6442  
For specific questions about the filing process,  
please phone (517) 373-0242

